

Patient Name GONZALES, DESIREE EVA M
Date of Birth **REDA**MRN 0000516646
FIN: 3000802548

* Auth (Verified) *

66 Alcohol Intox / Abuse (5)

TIME SEEN: **2040** on arrival ROOM: **23** **EMT Arrived**

HISTORIAN: **patient** spouse paramedics

HX / EXAM LIMTED BY:

HPI **P.D. Nurse** **PCP 263 per EMT**

chief complaint:
request detox ETOH drugs Intoxicated
suicide attempt self-injury Intentional drug overdose
accidental drug ingestion
overdose of heroin

started / timing:
brought by family / friend last drink / **drug abuse**

now better continues in ED

severity: **(mild)** moderate severe

context:
situational problems "I had a rough day today"
related to: spouse / parent / son / daughter / significant other
work / lost job / school / legal problems
found by friends and she was put in a tub full of ice.

current / associated complaints:
depressed **angry** / frustrated / agitated / hostile / paranoid
confused / hallucinating
tremors / seizures **Admits to heroin, denies**
 mild moderate severe other drugs or pills
suicidal thoughts / specific plan / gesture or attempt
trauma / assault / fall / MVA
co-ingestion

Surgeries: none **Contributed** appendectomy
cholecystectomy hysterectomy

Medications: none **see nurses notes**
unknown doesn't know

Allergies: NKDA
see nurses notes

SOCIAL HX: smoker **see EMT**
recent ETOH **IVDA, Heroin**
disabled / unemployed occupation

marital status: single married children

FAMILY HX: non-contributory

Nursing Assessment Reviewed Vitals Reviewed

PHYSICAL EXAM: BP 103/66, HR 84, T 36.7, R 19, S 62^oC
General Appearance

c-collar (PTA /n ED) / backboard NC P,
mild / moderate / severe distress
lethargic / obtunded
evidence of trauma
abnormal TM
dry mucosa
gag reflexed diminished / absent

EENT
- normal ENT inspection
- pharynx nml
- labored
- nml gag reflex

EYES
- PERRL
- EOM's intact
- fundi nml

NEURO / PSYCH

mental status:
- mood nml
- affect flat
- thoughts clear
- insight good
- judgment intact

slow / no response to commands
withdraws to pain no response to pain
depressed mood **slightly anxious**
affect flat / blunted
thoughts confused / tangential
insight fair / poor
judgment poor / impulsive
tearful / hostile / non-communicative
suicidal ideation

for suicide attempts: On direct query, patient ADMITS / DENIES
continued consideration of suicide as an option.

If denies why?
orientation
normal x3

cranial nerves
sensory, motor:
- CN's intact as tested
- nml motor response
- nml sensory response
- nml reflexes
- nml gag

NECK / BACK
non-tender
normal inspection
neck supple

facial droop / CN abnormality
motor / sensory deficit
abnormal gait
tenderness
cerv lymphadenopathy (R / L)
thyromegaly / meningismus

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Christus St. Vincent Medical Regional Center

Santa Fe, NM

EMERGENCY PHYSICIAN RECORD

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RESPIRATORY

chest non-tender
 no resp. distress
 breath sounds nml

whistles / rales / rhonchi

Increased rate

CVS

regular rate, rhythm
 heart sounds normal

irregularly irregular rhythm

extrasystoles (occasional / frequent)

tachycardia / bradycardia

V/D

guarding

hepatomegaly / splenomegaly

moderately / morbidly obese

distention

non-tender
 pelvis stable non-tender
 nml bowel sounds
 no organomegaly

SKIN

color nml, no rash
 warm, dry

cyanosis / diaphoresis / pallor

skin rash

EXTREMITIES

non-tender
 normal ROM
 no signs of injury
 no pedal edema

alteration

pedal edema

PROCEDURES:

 Restraints

intubated by ED physician nasal / oral # ET tube
breath sounds equal tube position confirmed w CXR

 Gastric Lavage pill fragments recovered Charcoal gm given Sorbitol oz given

PLAN OF CARE:

1. The Patient will be held in the Emergency Department until functional capacity is demonstrated to the ED physician.
Functional capacity is demonstrated by: steady gait, clear speech, and orientation to person, place and time.
 2. Patient may be evaluated by Detox counselor.

LABS, EKG & XRAYS

CBC	Chemistries	Amylase	<input type="checkbox"/> Urine Dip
normal except	normal except	Lipase	normal
WBC	Gluc.	T-Bill	gluc.
Hgb	BUN	ALT	leuk.
Hct.	Creat.	AST	blood
Platelets	Ca	T4	UA Cx-Pend
segs.	Na	TSH	normal except
bands	K	serum /	WBC
lymphs	Cl	urine preg	RBC's
monos	CO2	POS NEG	nitrite
	Anion Gap		bacteria

Drug Levels	Drug Screening	Urine Toxicology neg except
dilantin	neg except	
phenobarb	acetamin.	
tegretol	aspirin	
	MBA	

EKG See # 80CXR portable Imp, by me Reviewed by me Discd w/ radiologist
nml/NAD no infiltrates nml heart size nml mediastinum

not changed from:

Pulse Ox % on RA / L / % of (time)

GONZALES, DESIREE EVA M	Additional templates:
ED 17Y F	REDA
ACCT: 3000802548	
MRN: 0000515646	
Admit Dt: 05/07/2014	

Alcohol Intox / Abuse - 66 Rev. 06 / 12

PROGRESS:

pt wake up vomiting, agitated,
exhibiting withdrawal symptoms
Time unchanged improved recommended
17 yrs female pt presents in ER 2nd to
hallucin iv drug over dose. Dex ER.
pt was found by friends unresponsive.
Tx PTA by EMS; Img Narcan, and
Img Narcan TPO. pt wake up approx
3 min after. Pt admits to doing "more"
than usual". Tx: Img Ativan, 4 they nausea
since Narcan given

Observed x 2 hrs. No Re-overdose
Wide awake, talking to officers, walked out alone
→ D/C to JG; where she can

Continue to be watched

REFERRED TO / DISCUSSED WITH DR. P.Q.P. TIME CALLED
WILL SEE PATIENT IN ED/HOSPITAL/OFFICE

CONSULTED COUNSELOR / FAMILY REGARDING Additional history from:
lab / test results obtained for follow-up family caretaker paramedics
prior records ordered Rx given

CRIT CARE TIME (excluding separately billable procedures)

30-74 min 75-104 min min

DISCHARGE ORDER:

- 1. Patient has functional capacity as demonstrated by steady gait, clear speech, and orientation to person, place and time. Patient may be discharged.
- 2. Patient has not shown functional capacity, but Patient can be discharged in the care of a responsible adult. Transportation arrangements will be made so that the patient does not drive a vehicle.
- 3. Patient medically cleared for P.C.
- 4. Patient placed on 24 hr. mental hold to return for Psych eval. when sober

DIAGNOSIS: acute chronic

Ethanol Intoxication	Psychosis Schizophrenia exac.
Depression	Drug Overdose - Intentional / accidental
major manic	Suicide Attempt / Ideation

DISPOSITION: Time 12:52 am / pm polco

TO: home admitted transferredCONDITION: unchanged improved stable

NP / PA Date Time

Recorded by Scribe for Dr. Ulricher

Scribe signature: Date: 5/7/14 Time:

 This document accurately reflects work, treatment and decisions made by me:

PHYSICIAN SIGNATURE: MD # N.C. 1514 Date Time

 Template Complete

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